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Background/Significance: Quetiapine is a FDA-approved atypical antipsychotic used to treat schizophrenia, bipolar disorder, major depressive disorder, and generalized anxiety disorder. Priapism is a state of pathological prolonged, extended and sustained erection after or without sexual stimulation. It is an emergency that may lead impotence, erectile dysfunction, urinary retention, and gangrene as long-term devastating complications. Priapism is associated with the use of typical antipsychotics. Atypical antipsychotics are increasingly being prescribed and not frequently considered to cause priapism so We aimed to investigate the association between Quetiapine exposure and priapism in an adolescent patient.
Method: We present a case report on a 17-year-old patient who acquired priapism 3 days after starting Quetiapine and discuss its mechanism and also discuss on how to treat it early to avoid devastating medical consequences of Cavernositis, impotence, gangrene and erectile dysfunction.
Case Report: A 17-year-old male patient with past psychiatric history significant for Major Depressive Disorder, Generalized Anxiety Disorder and PTSD was hospitalized because of worsening depression after a suicide attempt. He was started on Prozac 20 mg/day and quetiapine 50-100 mg at night; his first long lasting and painless spontaneous erection had occurred 3 days after the first seroquel dose, He had experienced 2 priapism episodes within the next two nights each after taking 100 MG of Seroquel at bedtime. His laboratory work-up was unremarkable. After a urology consultation, ice compression was advised and his serquel was switched to olanzapine 5 mg at night. The patient responded well to discontinuation of quetiapine and priapism resolved.
Result: Our literature review demonstrated strong positive correlation between Quetiapine causing priapism. Quetiapine has been implicated in causing priapism in a limited number of reports. A history of prolonged erections may be a possible predictor of priapism during the use of quetiapine.
Conclusion/Implications: Through this case discussion and review of current literature, we present information on the possible mechanism by which quetiapine can lead to this rare side effect of priapism. The literature supports a strong positive correlation between quetiapine causing priapism. After stopping the quetiapine, priapism corrected so we alert clinicians to be aware of signs and symptoms and provide treatment recommendations for quetiapine induced priapism so medical complication such as Cavernositis, impotence, erectile dysfunction, urinary retention, and gangrene can be avoided in a timely manner.

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(PO-011) Tics Following COVID-19 and Response to Treatment

Ramaswamy Viswanathan

State University of New York Downstate Health Sciences University

Background/Significance: Neuropsychiatric symptoms can be part of Covid-19 illness (Ahmad, 2020). There is no report in the literature so far of a tic disorder developing in an adult after Covid infection. The author reports such a case.
Case: A 50-year-old man with panic disorder and generalized anxiety disorder, in partial remission on escitalopram 20mg daily and clonazepam 0.5mg prn, became ill with Covid-19 in March 2020. He did not require hospitalization. The acute illness lasted 16 days, with fatigue, headache, confusion, and fever. He worried in a ruminative manner about job security. Three weeks after onset of Covid he developed spitting tics, approximately once every 15 minutes, with just one spitting.at a time. There was no salivary accumulation. He carried a paper towel with him all the time to spit. If he tried to stop the spitting he could not. There was no characteristic of an obsessive-compulsive disorder. There were no thoughts or feelings preceding or following the tic. He had a prior history of similar tics at age 8 that remitted after 2 months without treatment. There was no history of Tourette's disorder. Thus he met the criteria for provisional tic disorder. Because of prior adverse reaction to aripiprazole prescribed for anger control, instead of trying a dopamine receptor blocking agent, escitalopram was increased to 25 mg daily. Because spitting did not improve, escitalopram was further increased to 30 mg daily, at which point spitting tics disappeared completely. Because of anorgasmia on this dosage, he reduced escitalopram to 25 mg daily. Ability to orgasm returned, but so did the tics. Upon increasing escitalopram to 30 mg daily again, the tics disappeared, but anorgasmia returned. Cyproheptadine 4 mg 90 minutes before sexual intercourse restored his orgasm without interfering with remission of tic disorder, but caused sedation. After a remission of 9 months, and after addition of gabapentin 300 mg tid to successfully treat anxiety that emerged after Covid vaccination, when.he reduced escitalopram daily dose to 15 mg the tics relapsed. The tics remitted again when he increased escitalopram daily dose to 20 mg, and the remission was maintained at follow-up a month later.
Discussion: An increase in tics in adolescents (Isobel, 2020), and perceived worsening of tics in adult patients with Tourette Syndrome (Mataix-Cols, 2021) in the context of increased anxiety in the Covid pandemic have been reported. In this case it is not clear if tic disorder got reactivated by Covid encephalopathy or anxiety.
Conclusion/Implications: Relative contributions of neurologic and psychological factors to post-Covid neuropsychiatric manifestations need to be explored.

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(PO-012) Anorexia Caused By Bariatric Surgery?

Phillip Shwae; Ajita Mathur; Alexander Lopez

Albert Einstein Medical Center

Background: Anorexia has lifetime prevalence in women of up to 4%, lasting an average 6 years. 20% experience residual symptoms; another 20% have unremitting symptoms. Anorexia is characterized by restriction in energy intake relative to requirements, behavior that